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7590

01/09/2004

ROBERT E. HANSON
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AUSTIN, TX 78701

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Robert E. Hanson	(Depositor's name)
	(Signature)
April 5, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/801,261	03/07/2001	David McElroy	950.044US1	5526

TITLE OF INVENTION: HOMOLOGOUS RECOMBINATION-MEDIATED TRANSGENE ALTERATIONS IN PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOX, DAVID T	1638	800-278000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362)

- ☐ Change of correspondence address (or Change of Correspondence Add: form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DeKalb Genetics Corporation

DeKalb, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 5

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(Authorized Signature)

(Date)

Robert E. Hanson, Reg. No. 42,628

04/05/2004

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01 FC:1501
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